

2002 NTP REGISTRATION FORM

PROGRAM IMPORTANT DATES...

Early Registration- May 17, 2002 (after this date, regular rates apply).

After July 10, 2002, register onsite at the Rosen Centre.

Full Registration includes:

- Tuesday Night Reception
(Theme: Hurricane Party)
- Opening (includes Breakfast)
- Closing Session
- Diversity Luncheon
- Conference Bag

Partial Registration includes:

Attendance and workshop material for your selection for one (1) day of training.

(NOTE: Conference bag and food functions not included, must be purchased separately)

Cancellation Policy

- Written request must be received by July 10, 2002.
- A \$50 processing fee will be charged for cancellation.

CHILDCARE

Childcare is not provided. However, if you need references of facilities or services in the Orlando area, please e-mail or fax us your requirements. A committee member will forward this information to you

WEBSITE:

www.few.org

Last name	First Name	Middle Initial
Agency	FEW Membership No.	Chapter No./Name
Address (home/work – Please circle which) ()		
City	State	Zip Code FAX Number
()		()
Work Phone		Home Phone

E-Mail Address

(Note: To receive a confirmation letter, a FAX number or e-mail address must be provided)

NTP Registration/Discounts

	By May 17	After May 17	
Full Registration – FEW Member	\$350	\$425	\$ _____
Full Registration – Non-FEW	\$425	\$500	\$ _____
Partial Registration – FEW Member	\$175	\$200	\$ _____
Partial Registration – Non FEW	\$200	\$225	\$ _____
FEW Membership Dues	\$ 35	\$ 35	\$ _____
	Registration	Subtotal	\$ _____

ADDITIONAL

Reception	\$20	\$20	\$ _____
Opening Session Breakfast	\$25	\$25	\$ _____
Diversity Luncheon	\$35	\$35	\$ _____
Conference Bag	\$10	\$10	\$ _____
Sterling Casino Night	\$10	\$10	\$ _____
	Special Event	Subtotal	\$ _____

TOTAL NTP REGISTRATION \$ _____

SPECIAL ACCOMMODATIONS: List reasonable accommodations you may need. A committee member will contact you personally. *(Please specify)*

Dietary Need _____ Interpreter _____ Other _____

Workshops and activities are available on a first-come, first-served basis .

PLEASE USE WORKSHOP REFERENCE CODE (i.e., GS 2-64)

	1 st	2 nd	3 rd
Wednesday 8:30 –11:00 am Opening Session	Selected		
Wednesday 1:00 to 4:00 pm			
Thursday 8:00 to 11:00 am and			
Thursday 2:30-4:30 pm			
Friday 8-10 am			
Friday 10:30 am to 12:30 pm Closing Session	Selected		

2002 NTP REGISTRATION FORM

4 EASY WAYS TO REGISTER

1. BY E-MAIL

FEW@kscems.ksc.nasa.gov

2. BY PHONE

321.861.3554

Complete the registration form prior to calling.

Credit Card Only

3. BY FAX

321.861.8895

Complete the registration form prior to faxing.

Credit Card Only

4. BY MAIL

2002 NTP

P.O. Box 21201

Kennedy Space Center,
Florida 32815

Please send payment to FEW's 2002 NTP. A check, money order, credit card number or Purchase Order must accompany this form.

☐ Check/Money Order

☐ Credit Card

☐ Purchase Order

Credit Card Information: Visa or Master Charge

Card Type	Account Number	Expiration Date
-----------	----------------	-----------------

Cardholder Name (please print)

Billing Contact

Authorized Signature

Billing Address (Including Agency Name)

City

State

Zip Code

Purchase Order Information –2002 NTP Tax ID: 59-3693739

**Check, Credit Card or Govt.
Purchase Order**

PO Number

Billing Contact

Billing Address (Include Agency Name)

City

State

Zip Code

Demographic Information

1. Number of FEW National Training Programs Attended:
_____ First Time _____ Times

2. Years as a member of Federally Employed Women

3. Current Years of Federal Service _____

4. Grade Level (Check one)

_____ GS 1-4	_____ GS 16+ or SES
_____ GS 5-8	_____ WG/WS/WL
_____ GS 9-12	_____ Military Rank
_____ GS 13-15	_____ Other _____
_____ GM 13-15	

5. Series _____

6. _____ Female _____ Male

7. Employer: _____ Federal Government

_____ State Government _____ Local Government

_____ Private Industry _____ Non-Profit

8. Check one (if applicable)

_____ FWPM	_____ F/T	_____ P/T
_____ SEPM	_____ F/T	_____ P/T
_____ EEO	_____ F/T	_____ P/T
_____ HEPM	_____ F/T	_____ P/T
_____ EEO Committee		
_____ Manager, Non-EEO		

9. Are you a member of a designated minority group?

_____ Native American
_____ Alaskan Native
_____ Asian/ Pacific Islander
_____ Black/ African American
_____ Hispanic

10. Are you being funded by your agency to attend this training?

_____ Yes _____ No

11. Retirees: Grade/Series/Rank at retirement

_____ Grade _____ Series _____ Rank

2002 PRE-CONFERENCE REGISTRATION FORM

(This form is to be used for Pre-Conference Training Only)

PROGRAM IMPORTANT DATES...

Early Registration by
May 17, 2002 (after this date, regular rates apply).

After July 5, 2002, register onsite at the Rosen Centre Hotel.

Pre-Conference Training is separate and apart from NTP Training.

Pre-Conference Training fees are NOT included in the NTP registration fee.

Cancellation Policy

- Written request must be received by July 10, 2002.
- A \$50 processing fee will be charged for cancellation.

CHILDCARE

Childcare is not provided. However, if you need references of facilities or services in the Orlando area, please e-mail or fax us your requirements. A committee member will forward this information to you.

WEBSITE:
www.few.org

Last name	First Name	Middle Initial
Agency	FEW Membership No.	Chapter No./Name
Address (home/work – Please circle which)		
()		
City	State	Zip Code
()	()	()
Work Phone	Home Phone	

E-Mail Address (Note: To receive a confirmation letter, a FAX number or e-mail address must be provided)

NTP Registration/Discounts

	Early Bird By May 17	After May 17	
2-Day Pre-Conference	\$300	\$375	\$
1 Day Pre-Conference	\$200	\$250	\$
1/2 Day Pre-Conference	\$100	\$125	\$
FEW Membership Dues	\$ 35	\$ 35	\$
	TOTAL		\$

Pre-Conference Workshop Registration

SPECIAL ACCOMMODATIONS: List reasonable accommodations you may need. A committee member will contact you personally. (Please specify)
Dietary Need _____ Interpreter _____ Other _____

Workshops and activities are available on a first-come, first-served basis, make 1st, 2nd & 3rd choices. PLEASE USE WORKSHOP REFERENCE CODE (i.e., PC 1-1)

	1 st	2 nd	3 rd
Two Day Workshop (Monday and Tuesday)			
One-Day – Monday 7/22			
Half Day – Monday a.m.			
Half Day – Monday p.m.			
One Day – Tuesday 7/23			
Half Day – Tuesday a.m.			
Half Day – Tuesday p.m.			

2002 PRE-CONFERENCE REGISTRATION FORM

Please send payment to FEW 2002 NTP. A check, money order, credit card number or Purchase Order must accompany this form.

4 EASY WAYS TO REGISTER

1. BY E-MAIL

FEW@kscems.ksc.nasa.gov

2. BY PHONE

321.861.3554

Credit Card Only

Complete the registration form prior to calling.

3. BY FAX

321.861.8895

Credit Card Only

Complete the registration form prior to faxing.

4. BY MAIL

2002 NTP

P.O. Box 21201

Kennedy Space Center,

Florida 32815

Check, Credit Card or Govt. Purchase Order

☐ Check/Money Order

☐ Credit Card

☐ Purchase Order

Credit Card Information: Visa or Master Charge ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Type

Account Number

Expiration Date

Cardholder Name (please print)

Billing Contact

Authorized Signature

Billing Address (Including Agency Name)

City

State

Zip Code

Purchase Order Information — 2002 NTP Tax ID: 59-3693739

PO Number

Billing Contact

Billing Address (Include Agency Name)

City

State

Zip Code

Demographic Information

1. Number of FEW National Training Programs Attended:
_____ First Time _____ Times

2. Years as a member of Federally Employed Women

3. Current Years of Federal Service _____

4. Grade Level (Check one)

_____ GS 1-4 _____ GS 16+ or SES

_____ GS 5-8 _____ WG/WS/WL

_____ GS 9-12 _____ Military Rank

_____ GS 13-15 _____ Other _____

_____ GM 13-15

5. Series _____

6. _____ Female _____ Male

7. Employer: _____ Federal Government

_____ State Government _____ Local Government

_____ Private Industry _____ Non-Profit

8. Check one (if applicable)

_____ FWPM _____ F/T _____ P/T

_____ SEPM _____ F/T _____ P/T

_____ EEO _____ F/T _____ P/T

_____ HEPM _____ F/T _____ P/T

_____ EEO Committee

_____ Manager, Non-EEO

9. Are you a member of a designated minority group?

_____ Native American

_____ Alaskan Native

_____ Asian/ Pacific Islander

_____ Black/ African American

_____ Hispanic

10. Are you being funded by your agency to attend this training?

_____ Yes _____ No

11. Retirees: Grade/Series/Rank at retirement

_____ Grade _____ Series _____ Rank